

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SM - G		3/29/00
O.I.P.E. CLASSIFIER		PH	4/11/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	AB	5-222	5-19-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	4/11/00
2	4/11/00
3	4/11/00
4	4/11/00
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Claim	Date
Final Original	
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Claim	Date
Final Original	
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150	4/11/00

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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